



Incident Report

Print Date/Time: 12/30/2015 12:46
Login ID: ss0137

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2015-00203703

Incident Date/Time: 12/26/2015 5:17:00 PM
Location: 12409 21ST ST NE
LAKE STEVENS WA 98258
Phone Number: (425) 931-9785
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19S15	SS0112-Warbis

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	JACKSON, ADRIELLE					
2	Reporting Party	CALLER, FEM					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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Collision Report



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E499243**

CASE # **00203703**

LOCAL AGENCY
CODING

TOTAL # OF
UNITS **02**

OBJECT
STRUCK

TRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **12** - **26** - **2015** **1717** **31** N S E W IN OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

MAIN ST

BLOCK NO.

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES FEET N S E W **20TH ST NE**

UNIT 01

MOTOR
VEHICLE ☒

PEDAL-
CYCLE ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253309972

LAST NAME

FROST

FIRST NAME

JACOB

MIDDLE
INITIAL

L

STREET
NEW ADDRESS

3012 124TH AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

982588048

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #

FROSTJL027DT

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

03

30

1998

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

766VZV

STATE

WA

VIN#

4T1BF18B0WU263251

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **1998**

MAKE **TOYT**

MODEL **AVA4D**

STYLE **4D**

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. **DONALD LEVENS 10315 SANDY BEACH DR LAKE STEVENS WA 98258**

LIABILITY INSURANCE
IN EFFECT ☒

INSURANCE CO
& POLICY # **PEMCO CA 1461225**

VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR
VEHICLE ☒

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4259319785

LAST NAME

JACKSON

FIRST NAME

ADRIELLA

MIDDLE
INITIAL

L

STREET
NEW ADDRESS

1974 THISTLE TREE DR

CITY

SPRINGVILLE

ST

VT

ZIP

05156

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

193773041

STATE

VT

SEX

F

D.O.B.
MMDDYYYY

12

30

1990

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AFV4138

STATE

WA

VIN#

2T1BU4EE0BC687918

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2011**

MAKE **TOYT**

MODEL **COR4D**

STYLE **4D**

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. **CORP BISHOP CHURCH 16124 35TH AVE SE BOTHELL WA 98012**

LIABILITY INSURANCE
IN EFFECT ☒

INSURANCE CO
& POLICY # **NATIONAL UNION INS CA5260711**

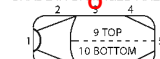
VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

STEVE WARBIS

BADGE OR ID #

112

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E499243**CASE # **00203703**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FOSTER MIKALAH C														
ADDRESS & PHONE # 1155 VINE ST EXETER CA 93221										SEX F	D.O.B. MMDDYYYY	-	-			
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-			
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-	-			
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was traveling west on Main st. Unit 1 was traveling south on 20th St. N.E. and was starting to turn west after stopping at the stop sign. Unit 1 entered the intersection to early and struck the side of Unit 2. No injuries and both vehicles driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS
12-27-15 10:52 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

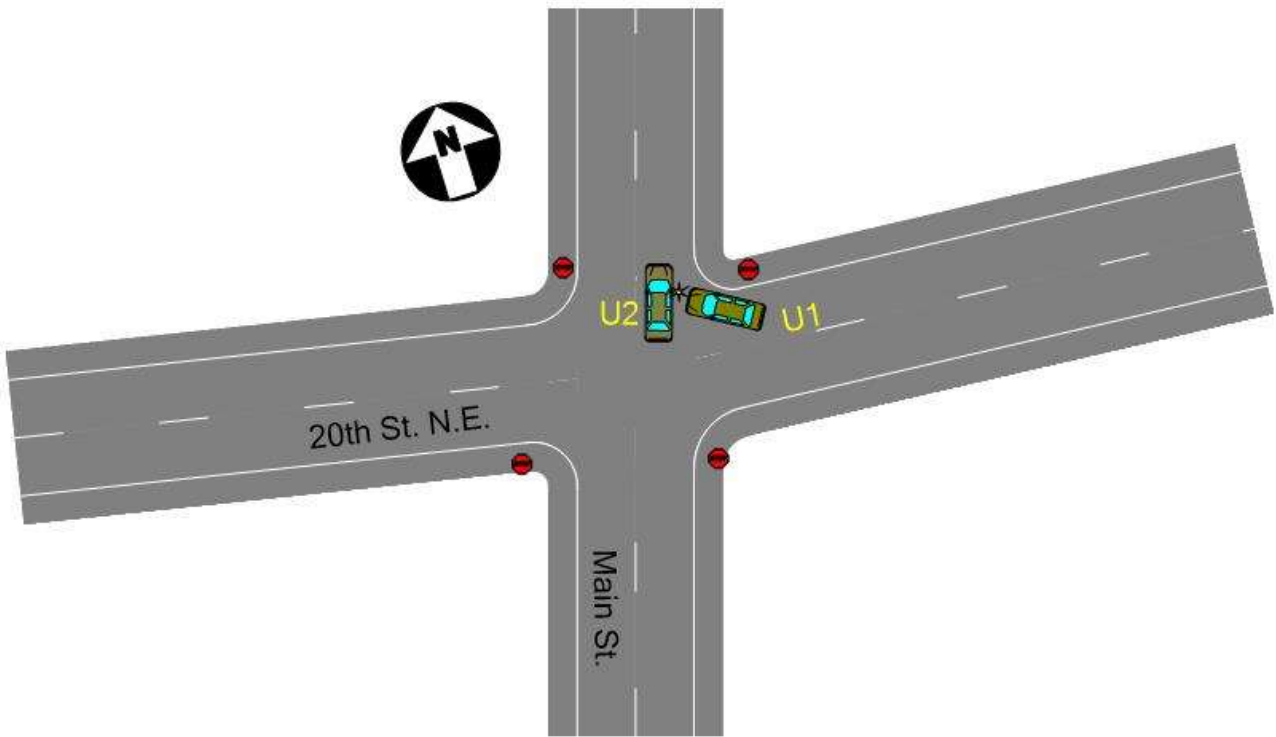
12/29/2015 1:21:38 AM

BADGE OR ID #	112	ORI #	WA0311900	TIME POLICE DISPATCHED	5:17 PM	TIME POLICE ARRIVED	5:23 PM
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REPORT NO. E499243

CASE # 00203703

DATE AND TIME
OF COLLISION 12/26/15 17:17





LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

2015-00203703

VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Jackson, Adrielle, Liana		RACE	ETHNICITY Caucasian	SEX F	D.O.B. 07/03/96	AGE 19	HGT 5'8"	WGT 170	HAIR Blond	EYES Blue
STREET ADDRESS 16124 35th Ave SE				CITY Mill Creek		STATE WA		ZIP 98012		
HOME PHONE 425-379-8459		CELL PHONE 425-931-9785			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT Missionary for LDS Church					

STATEMENT:

I had made a stop and was going through the four way stop. I was going straight and the car that was turning right went before his turn and hit the front of our car. We pulled over and called.

He hit the Front Passenger Door.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

12.26.15

OFFICER/NUMBER:

DATE SIGNED:

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Jacob Frost Statement



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER _____

2015-00203703

VICTIM ☐WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) Frost, Jacob, Levens		RACE C	ETHNICITY W	SEX M	D.O.B. 03/30/88	AGE 17	HGT 5'11"	WGT 150	HAIR Brown	EYES hazel
STREET ADDRESS 3012 124th AVE NE				CITY Lake Stevens		STATE WA		ZIP 98258		
HOME PHONE (425)-334-2929		CELL PHONE (425)330-9972			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)					PLACE OF EMPLOYMENT N/A					

STATEMENT:

I was taking a right hand turn onto grade road and thought I saw a left hand turn signal. I proceeded through the intersection and tried to avoid and collided after trying to brake.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 

DATE SIGNED:

12/26/15

OFFICER/NUMBER:

S. WAKIS 112

DATE SIGNED:

12-26-15

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"